

SECTION 16 - COLLECTION AND HANDLING OF REGULATED MEDICAL WASTE

I. GENERAL.

A. MEDDAC Regulation 40-36, Management of Regulated Medical Waste can be found on the hospital 'S' drive under MEDDAC Publications. It provides specific guidance regarding all aspects of infectious waste management and disposal in the DHCS. Many aspects of the OSHA guidelines that have directed the implementation of the Bloodborne Pathogen Exposure Control Plan for all healthcare facilities, are found in this document as well.

B. All DHCS employees, including the housekeeping and maintenance personnel, will be familiar with and comply with the above regulation.

II. SPECIFIC.

A. DEFINITION.

1. Regulated Medical Waste (RMW). Any waste which is potentially capable of causing disease in man and may pose a risk to both individuals or community health if not handled or treated properly. For a waste to be infectious, it must contain pathogens in sufficient quantity/virulence to result in disease in a susceptible host.

B. RMW waste consists of the following:

1. Microbiological Wastes. Cultures and stocks of infectious agents, specimen cultures from medical/pathological laboratories, discarded live and attenuated vaccines, apparatus used to transfer inoculate or prepare cultures.

2. Human Blood and Blood Products. All waste human blood and blood products to include serum and plasma products. Dressings contaminated with blood are discarded in the RMW if the blood will drip or flake when compressed. Medical devices contaminated with visible blood are disposed of in the RMW container.

3. Pathological Wastes. Tissue, organs, body parts, fluids of humans removed during surgery/autopsy.

4. Surgical and Autopsy Wastes. Contaminated wastes from all cases in contact with patient blood, fluid, secretions, tissue, and excreta. Examples are soiled dressings, sponges, drapes, lavage and drainage tubes, pads and surgical gloves.

5. Sharps- lancets, IV stylets, trocars, scalpel blades, needles and syringes used and unused.

6. Except for the categories listed as RMW, all other waste generated at dhcs is considered non-regulated medical waste and is taken to the local landfill for disposal without special treatment.

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C. Collection of RMW.

1. RMW will be separated from general waste at its point of origin in impervious containers with tight-fitting lids, lined with a red autoclave bag that is marked with the universal biological hazard symbol.
2. Sharps will be placed in rigid, puncture resistant containers marked with the universal biological hazard symbol. Clipping, bending or breaking the needles is not allowed. Containers will only be filled 3/4 full then closed and secured to prevent spilling contents during transport. Taping is NOT required.
3. The location where infectious waste is collected and stored on the nursing unit will exhibit a universal biohazard sign.
4. RMW will not be collected or stored in the facility for periods exceeding three days (72 hours). Ward and clinic storage will not exceed 24 hours.
5. The housekeeping personnel will collect the RMW in a rigid leakproof container such as a cart which is covered and specifically marked with the universal biological hazard symbol and exclusively used for one transport of infectious waste. ONLY RMW will be transported in this bin. Non-regulated medical waste may not be collected in this container.

D. Disposal of RMW.

1. RMW is placed in the autoclave and processed until rendered to be non-regulated medical waste. The printing on the outside of the bag will indicate this has occurred.
2. RMW that is to be incinerated is removed from the premises by a contracted company.
3. In the event that regulated medical waste is spilled, the contents should be carefully gathered with the aid of a secondary device – i.e. broom and dustpan and not with your hands - and the area is cleaned immediately by Housekeeping with an approved hospital disinfectant.
4. Human blood or blood products may be carefully poured into a drain connected to a sanitary sewer or poured down a toilet. Always wear the appropriate PPE when performing this task.
5. Pathological Waste, containing 85% moisture and 5% incombustible solids, to include contaminated waste from surgery and autopsy will be placed inside a combustible red plastic bag or wrapped and sealed in plastic if unable to fit in the above and destroyed by incineration.

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E. Needle and Sharp Disposal.

1. Sharps (needles, scalpel blades, etc.) must be handled separately to prevent personnel injury. All safety sharps devices are discarded in a sharps container.
2. All sharps will be discarded directly into rigid puncture-resistant plastic sharps containers immediately after use without recapping. If recapping is absolutely required, staff will use the one-handed technique.
3. It is advisable that the sharps container size be scaled to use on the unit/clinic and be mounted on the wall in the immediate area where use will occur. Under no circumstances should personnel walk through hallways or patient care areas with unsheathed needles or sharps.
4. Certain restricted areas (OR, laboratory) where unauthorized persons are not permitted entry, are cleared to have sharps containers that are not mounted on the walls. A cart with wheels is recommended to contain the sharps containers.
5. All sharps containers should be no more than 3/4 full when replaced. They should be securely sealed using additional tape as necessary and transported by housekeeping personnel to the waste holding area for transport to the incinerator.

F. Collection And Disposal Of Non- Regulated Medical Waste.

1. Non-regulated waste will be deposited in a receptacle at its point of origin. Receptacles will be lined with leakproof, puncture resistant plastic bags of any color except orange or red.
2. Liquid waste, such as urine, feces, vomitus, nasopharyngeal secretions and sputum can be disposed of in the sanitary sewer. Special care should be taken by personnel who perform this activity to avoid splash contamination of themselves and the immediate environment. The disposable items are rinsed and then placed in the non-regulated medical waste.
3. Suction canisters containing patient secretions should be emptied before discarding the container by pouring the contents into a sink connected to a sanitary sewer or by pouring the contents down the toilet. Disposable canisters should be discarded with the regular waste unless contaminated with visible blood.

G. Handling Spills Of RMW

1. In the event there is a blood spill, the employee will don the appropriate personal protective equipment (PPE) and then proceed to absorb the blood with paper towels. Dispose the paper towels in a RMW container (NOT A SHARPS CONTAINER). The area is then saturated with Cavicide. Allow the disinfectant to remain wet for ten (10) minutes. A fresh solution of 5.25% Sodium Hypochlorite mixed in a 1:10 dilution (9 parts water to 1

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part bleach) may also be used in place of the Cavicide. Do not spray the solutions directly onto the spill area.